

CLAIMS ONLY								Application Number <i>101749428</i>	Filing Date		
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/						51				
2	/						52				
3	/						53				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	2						Total Indep				
Total Depend	18	◀	◀	◀			Total Depend	◀	◀	◀	
Total Claims	20						Total Claims				